

Louisiana Long-term Care Real Choice
Systems Transformation Grant

**Third Annual Workgroup Formative Evaluation Report
Grant Year 4**

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Survey Results from the Second Annual Workgroup Formative Evaluation April 2010

The purpose of this report is to summarize the findings from the third annual workgroup formative evaluation for the implementation phase of the Louisiana Real Choice Systems Transformation Grant. This evaluation was conducted to help improve the grant implementation process as necessary, based on the process strengths and weaknesses assessed by the workgroup members. Following a brief discussion of the evaluation methods, this report presents the survey results and describes limitations and conclusions.

I. Methods

In collaboration with the Systems Transformation Grant staff, the Tulane University grant evaluation team revised the 72-item questionnaire from the first formative evaluation in 2008. Several questions were omitted due to inactivity of some grant workgroups, while other questions were added to assess new grant activities. The final survey for the third annual formative evaluation contained 75 items, including open and close ended questions. The questionnaire (Appendix 1) was designed to capture information about the strengths and weaknesses of workgroup and sub-workgroup processes; overall perceptions about the ability to achieve grant objectives; and satisfaction with grant staff, contractors, and the evaluation team.

The survey was entered into the online Vovici survey system, and skip patterns were programmed into the survey such that respondents would only be asked questions appropriate to the workgroups and subgroups in which they participate. With the exception of the initial screening question on workgroup participation, no other questions were required of respondents—meaning that variation could exist in the number of responses between items for each specific workgroup or subgroup.

As with the first and second formative evaluations, this survey's workgroup and sub-workgroup questions were directed only to the quality management and housing goals of the grant, because these are the goal areas in which the most grant work was focused during the third year of implementation. Thus, respondents who participated only in the Consumer Inclusion or an "Other" workgroup were not asked about workgroup participation, but were queried as to their overall perceptions about the ability to achieve grant objectives and their satisfaction with grant staff and the evaluation team.

Grant staff and workgroup leadership compiled contact information for participants in the housing (51 individuals) and quality management (51 individuals) workgroups, as well as about 150 stakeholders and members of other groups include the IT workgroups. These lists lacked information about participation in subgroups. Because individuals may have participated in more than one workgroup area, some names appeared on multiple lists (e.g., housing and quality management). After the lists were merged, 256 unique individuals received invitations to participate in the survey.

On March 2, 2010, the first invitation was sent via email to the initial 256 potential respondents. Three reminder emails were sent to individuals who had not completed the survey by each date. In addition, the grant director sent an email to potential recipients explaining the purpose of the evaluation and encouraging their participation. After four weeks in the field, the survey was closed to completion on March 30.

Responses to the survey were strictly anonymous. In the following results section, the male pronoun is used to describe a respondent's view only for purposes of readability and flow, not as an indication of identity.

II. Results

A. Response Rate

Of the 256 individuals invited to complete the survey, 55 individuals responded (21% response rate). Respondents were asked to identify all of the core workgroups and subgroups in which they had participated during the first year of implementation. Table 1 shows the distribution of respondents across the core workgroups and subgroups, as well as response rates for the workgroups where a calculation was possible based on knowledge of the number of invited participants.

Table 1: Number of Respondents in Workgroups and Subgroups

Workgroup/Subgroup	Invited (Number)	Responded (Number)	Response Rate
Quality Management Workgroup	51	29	57%
QM Leadership Workgroup	--	15	
DHH QM Interagency Team	--	14	
OAAS QM Steering Group	--	5	
Health Indicators Workgroup	--	4	
Waitlist Indicators Workgroup	--	3	
Support Coordination Monitoring Workgroup	--	8	
Licensing Workgroup	--	3	
Housing Workgroup	51	15	29%
Adult Residential Care (ARC) Group	--	5	
Overall Housing Advisory Group	--	12	
Consumer Inclusion	--	6	
Other	--	11	

Note: Subgroup numbers may not equal the number of respondents from each core area, as individuals may have participated in more than one subgroup.

B. Quality Management

For each Quality Management (QM) subgroup that an individual reported participating in, the survey requested information on: (1) satisfaction with the number of group meetings, measured on a 5-point likert scale (Strongly Agree-Strongly Disagree); (2) perceptions about viewpoint being heard, being valued as a member, comfort with being a member, satisfaction with progress, and group effectiveness, measured on a 5-point likert scale (Always-Never); and (3) suggestions for improvements, measured in an open-ended question. The sections below detail the feedback for each subgroup. For open-ended items with more than three responses, a table of responses is provided in addition to a summary of responses.

QM Leadership Workgroup. As seen in Table 2 (pg. 4), of the 14 individuals who responded, satisfaction with the number of meetings being held was high (11 strongly agreed or agreed that they were satisfied). Most (12 individuals) reported that their viewpoint was heard always or often and that they were considered a valued group member always or often. Most (13 individuals) indicated they were comfortable being a group member always or often. There were 10 individuals who reported that they were always or often satisfied with group progress, and 11 individuals reported that the group always or often was effective in achieving its goals to date.

When asked for suggestions about improvements to the QM Leadership Workgroup, two individuals indicated provided suggestions. One individual suggested more training for the group. The other respondents indicated that it might have been helpful if co-chairs had been chosen and charged with tasks such as setting the agenda, training the workgroup, and facilitating progress.

DHH QM Interagency Team. When asked about satisfaction with the number of subgroup meetings held, of the 14 respondents, 9 strongly agreed or agreed that they were satisfied. Only 12 individuals answered the remaining questions. Ten respondents indicated that, always or often, their viewpoint was heard, they were considered a valued group member, and they were comfortable being a group member. Nine respondents were always or often satisfied with the group's progress. There were 7 individuals who reported the group was always or often effective in achieving its goals to date, but 3 indicated that the group was effective sometimes in achieving its goals and 2 said this occurred rarely. One individual provided feedback on how to improve the workgroup, suggesting more training for workgroup members.

OAAS QM Steering Group. Three of the five respondents agreed that they were satisfied with the number of meetings held, while 1 was neutral and 1 strongly disagreed. Three reported that their viewpoint was heard always or often, they were considered a valued group member, and they were comfortable with the group. Four were often satisfied with the group's progress, and 1 was rarely satisfied. Further, 4 said the group was often effective in achieving its goals. One respondent provided suggestions for how to improve the workgroup, suggesting that the group might have selected a chairperson, met more often, focused on QM processes, and produced a document that stated the principles of quality management for the Louisiana Office of Aging and Adult Services.

Table 2: Feedback on Quality Management Subgroups

	QM Leadership Workgroup	DHH QM Interagency Team	OAAS QM Steering Group	Health Indicators Workgroup	Waitlist Indicators Workgroup	Support Coordination Monitoring Workgroup	Licensing Workgroup
Satisfied with number of meetings							
Strongly Agree	4	3	0	2	0	2	0
Agree	7	6	3	2	3	2	1
Neutral	1	4	1	0	0	1	1
Disagree	2	0	0	0	0	2	0
Strongly Disagree	1	1	1	0	0	1	1
Viewpoint is heard							
Always	7	4	1	3	1	3	2
Often	5	6	2	1	2	5	1
Sometimes	1	0	1	0	0	0	0
Rarely	1	2	1	0	0	0	0
Viewed as valued member							
Always	7	4	2	2	1	4	3
Often	5	6	1	1	2	4	0
Sometimes	1	0	1	0	0	0	0
Rarely	1	2	1	1	0	0	0
Comfortable with the group							
Always	7	4	2	2	1	4	3
Often	6	6	1	2	2	3	0
Sometimes	1	2	2	0	0	1	0
Rarely	0	0	0	0	0	0	0
Satisfied with group's progress							
Always	4	2	0	1	1	2	1
Often	6	7	4	2	2	1	1
Sometimes	2	2	0	0	0	5	1
Rarely	2	1	1	0	0	0	0
Group effective in achieving goals to date							
Always	4	2	0	1	1	1	1
Often	7	5	4	3	2	3	1
Sometimes	1	3	0	0	0	2	1
Rarely	2	2	0	0	0	2	0

Note: The five Likert scale items measuring frequency were asked on a five point scale (Always – Never). No individuals chose “Never,” so this category has been omitted from the table. Due to incomplete survey responses, the response tally may not correspond between items or with number of respondents reported in Table 1.

Health Indicators Workgroup. Of the 4 respondents from the Health Indicators Workgroup, all strongly agreed or agreed that they were satisfied with the number of meetings held. All reported that their viewpoint was always or often heard and that they always or often were comfortable with the group. Three said that were always or often viewed as a valued group member and were always or often satisfied with group progress. All reported that the group was always or often effective in achieving goals to date. One respondent provided a suggestion to improve the group, suggesting that the group might have chosen a Chair person with health care experience and training.

Waitlist Indicators Workgroup. There were 3 respondents from the Waitlist Indicators Workgroup. All strongly agreed or agree that they were satisfied with the number of meetings held. Further, all reported that always or often their viewpoint was heard, they were considered valued group members, they were comfortable with the group, they were satisfied with group progress, and the group was effective in achieving its goals to date. None of the respondents provided suggestions for improvements to the workgroup.

Support Coordination Monitoring Workgroup. When asked about whether they were satisfied with the number of subgroup meetings held, 4 subgroup members strongly agreed or agreed, 1 was neutral, 2 disagreed, and 1 strongly disagreed. All 8 individuals said their viewpoints always or often were heard and all said that they always or often were considered a valued group member. Similarly, 7 said always or often they were comfortable being a group member, 1 said they were sometimes comfortable being a group member. Three respondents said always or often they were satisfied with group progress, and five indicated they were sometimes satisfied with group progress. Half said the workgroup was always of often effective meetings its goals. Four individuals provided suggestions for improvements to the workgroup (Table 3). Suggestions included aligning priorities between state offices and including appropriate stakeholders in workgroup activities.

Table 3: Support Coordination Monitoring Workgroup Suggestions

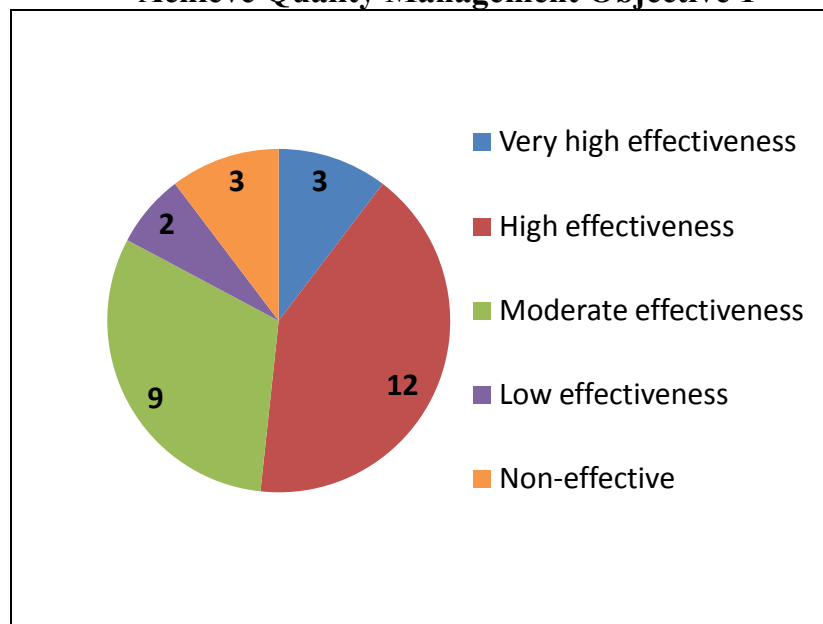
Consultants should address the conflict within the two state offices regarding time lines, goals, varied time frames for compliance with goal dates stated in our waiver applications, and problems rallying the internal expertise for the length of time this project has extended to.
Has been sometimes difficult to get timely feedback from Consultants. Has been difficult at times to have the appropriate members participate to achieve progress. Additionally, office priorities are different and make it difficult to achieve progress on a joint projects.
Reduce delays in affirming action steps based on need for upper management to approve suggestions.
Include programmatic staff in the development of the monitoring tool. Until recently, we haven't received enough assistance from the Quality Consultants, especially those from the Muskie School.

Licensing Workgroup. Three individuals in the Licensing Workgroup agreed that they were satisfied with the number of meetings held, 1 was neutral, and 1 strongly disagreed. All three said that always or often their viewpoints were heard, they always were valued as a group member, and they were always comfortable being a member of the group. One was always satisfied with group progress, one was often satisfied, and one was sometimes satisfied. Similarly, 1 said always the group was effective in achieving its goals, 1 said often this occurred, and 1 said sometimes this occurred. One individual provided a suggestion for improving the workgroup, suggesting that it would be good to help workgroup members better understand the difference between licensing functions and certification for waiver services functions.

Effectiveness Achieving Objectives. All QM workgroup participants were asked to evaluate the effectiveness of grant activities to date in achieving the grant's three core quality management objectives and barriers to achieving the objectives. Overall, respondents indicated that the grant had relatively high effectiveness to date.

- (1) **Quality Management Objective 1: "Develop and implement a comprehensive quality management strategy, consistent with the state's transformation of its long-term support system."** Of the 29 respondents to this item, 15 reported very high or high effectiveness to date in achieving this objective (Figure 1). Nine individuals reported that the grant had moderate effectiveness to date in achieving this objective. This is the first year that any respondents have rated the grant as less than moderately effective. Two reported low effectiveness, and 3 said the grant was non-effective in achieving this objective.

Figure 1: Effectiveness of Grant Activities to Date to Achieve Quality Management Objective 1



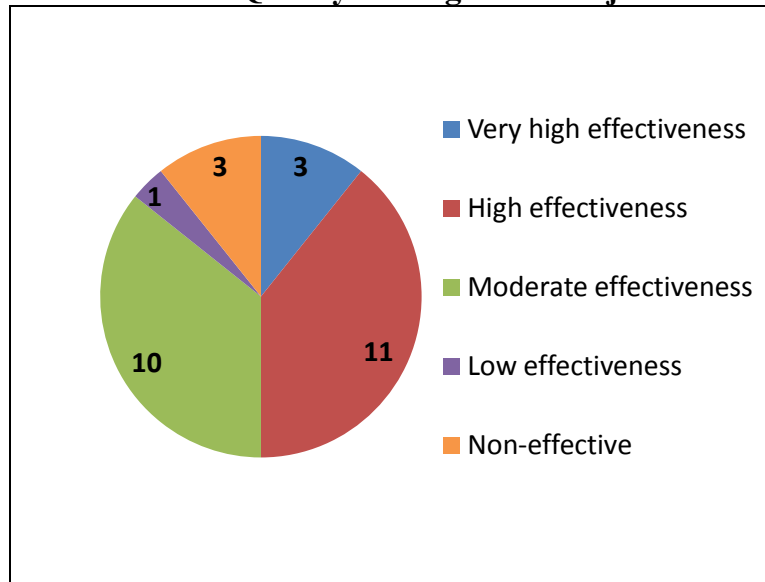
Respondents offered many barriers preventing the achievement of Objective 1 (Table 4). Some of these barriers included lack of resources, differing priorities among collaborating DHH agencies, and lack of appropriate data/data systems/IT.

Table 4: Barriers Preventing Achievement of QM Objective 1

Not enough resources to implement strategies
CMS changing expectations for quality systems while in the middle of the grant. Difficulty integrating data sources. Resource issues caused by budget reductions.
Technology requirements and competing priorities
Poor leadership
Limited resources -- staff time, funding, etc.
The QM strategy is to 1) decentralize the frontline roles and responsibilities for quality monitoring and 2) audit the performance of the decentralized QM activities. Implementation requires an organizational change plan which would show the need for much more training. Job descriptions and work processes would both need to be redesigned. Information management should be specified in the form of data received and reports generated.
Difficulty in the state with maintaining goals when they are so short of people (staff- layoffs, no vacancies, etc.)
The only thing the 2 state offices have in common are they both have waiver programs- different populations, different needs, different goals.
When different DHH agencies work jointly on a project but each agency has different priorities.
Slowness of DHH and state contracting processes, especially for information technology procurement. Limited budget and budget cuts for staffing and purchasing systems for quality management.
Different offices goals
Disconnected service providers. Control is needed at the local and individual level; state does not and should not control all development. It does need to recognize and support positive outcomes.
The barriers at this time are waiting for the data base to be built and changing the entire system within to focus on providing technical assistance and monitoring of providers.
Work product needs to be implemented.
Total buy in
Making the necessary adjustments with the many significant on-going changes regarding OAAS waiver services.
There has been a shift away from community services in the past year, with more rate reductions in community services, and rate increases or at least status quo in institutional settings.
We still have multiple IT systems instead of systems that are linked together and are user friendly with appropriate reports programmed in order to obtain quality and performance data.

- (2) **Quality Management Objective 2: “Develop and routinely disseminate quality management reports to key entities and other stakeholders, including but not limited to state and local agencies, participants, families, and other interested parties, and the public.”** Slightly fewer than half of the 29 respondents (14 individuals) reported that grant activities had very high or high effectiveness to date in achieving this objective (Figure 2). Ten reported moderate effectiveness, and 1 reported low effectiveness. There individuals said that grant activities had been non-effective on this objective.

Figure 2: Effectiveness of Grant Activities to Date to Achieve Quality Management Objective 2



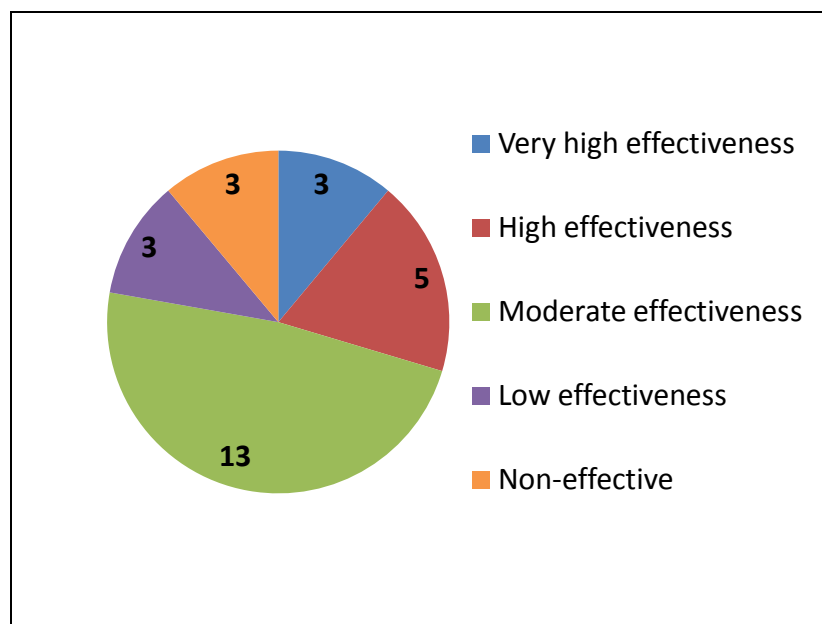
Respondents listed numerous barriers preventing the achievement of Objective 2 (Table 5). The most common barriers included inadequate information technology systems to share data, the large number of stakeholders with differing priorities, the time it has taken to make changes, and lack of resources.

Table 5: Barriers Preventing Achievement of QM Objective 2

Not enough resources to implement strategies
Difficulty integrating data sources. Resource issues caused by budget reductions.
Fear of criticism and law suits
Good databases that are easy to run reports from.
A standard format and process for at reports must be established. This information flow chart should include QM briefs, full reports and Powerpoint presentations so that the needs each of the major audiences are addressed. A review and approval process and committee needs to be developed for documents written for employees as well as the public stakeholders.
Process moved slower than originally anticipated and other initiatives, projects and state "crisis" competed for peoples' time and attention.
Things did not move as quickly as hoped and stakeholders lost interest and other priorities took precedent.
Difficulty in the state with maintaining goals when they are so short of people (staff- layoffs, no vacancies, etc.)
Staff time to focus finalize dissemination plan and to implement it.
Identify who those people are, complicated by numerous providers. Knowing the channels of information.
Identifying the most effective, efficient medium to get the information to the general public and participants.
Work product not implemented, or I have no knowledge about it.
The large number of entities involved and delivering relevant reports to various "need to know" levels.
Technology requirements and competing priorities
I don't know why, but reports have not been as forthcoming as earlier.
Access to Medicare data.

(3) **Quality Management Objective 3: “Use integrated systems to monitor the quality of services rendered.”** Eight of the 27 respondents reported very high or effectiveness of grant activities to date to achieve this objective (Figure 3). However, nearly half (13 individuals) reported moderate effectiveness. Six individual rated grant effectiveness on Objective 3 as below the moderate level (3 low effectiveness and another 3 non-effective); this represents a notable increase in dissatisfaction compared to the prior year’s evaluation.

Figure 3: Effectiveness of Grant Activities to Date to Achieve Quality Management Objective 3



Respondents listed numerous barriers preventing the achievement of Objective 3 (Table 6). The most common barriers were IT and data limitations, lack of financial resources, and differing priorities among the participating stakeholders.

Table 6: Barriers Preventing Achievement of QM Objective 3

Not enough resource to implement strategies
Difficulty integrating data sources. Resource issues caused by budget reductions.
Technology requirements and competing priorities
Fear of computers
Integrated IT systems.
Beginning with the quality metrics to be monitored, a comprehensive data flow plan and job-specific reports/profiles might be developed for Support Coordination Agencies, Regional and State office levels. The integration would include electronic data sources, on-site inspections, and data from other DHH agencies. An appropriate IT application would also need to be developed or purchased.
The 2 state offices could not agree on an integrated system to the degree that would have moved things smoothly.
The different offices having different priorities that were working jointly on the SC project.
Budget and procurement processes are barriers to obtaining IT to support integrated systems.
Money and time
The major barrier will be transition our staff from the more narrow focus of individual case reviews to the broader picture of assuring the quality of an agency.
Team's efforts not connected to expectations of program offices.
Need further integration of systems to monitor quality of services received, the major barrier is that the data systems for quality measures are not integrated.
Workforce
Many different entities involved - currently data being collected in different systems that don't fully communicate to each other.
Sufficient funding to develop needed IT systems and use of an integrated database to track all DD services and data from all discovery methods.

Strategies to Achieve Objectives. Respondents were asked whether the grant was pursuing the right strategies to achieve the quality management objectives. Of the 28 respondents to this item, 26 said the grant was pursuing the right strategies. The two individuals who reported that the grant was not pursuing the right strategies provided comments on how to modify the strategies. One said that the state needed to get serious about quality management. The other said that, as executive leadership has not been convinced that quality management is a strategic asset, there must be more promotion of the value of quality management to increase the commitment from leadership.

Satisfaction with Contractors. All respondents were asked to rate their level of satisfaction with the performance of the quality management contractors (June Rowe and Val Bradley of Human Services Research Institute [HSRI] and Julie Fralich and Maureen Booth of Muskie School, University of Southern Maine) in helping the workgroups achieve their objectives. Overall, satisfaction was high. Of 28 respondents, nearly all (20 individuals) were very satisfied or satisfied with their performance. Seven individuals reported being neutral about the performance of the contractors, and one was dissatisfied.

Several respondents provided specific feedback about how the quality management contractors' performance could be improved (Table 7). Though some suggestions were provided such as the need for more training of workgroup members, the most common comment was about the impact of the departure of one individual from the consultant team.

Table 7: Suggestions for Improving Quality Management Contractors' Performance

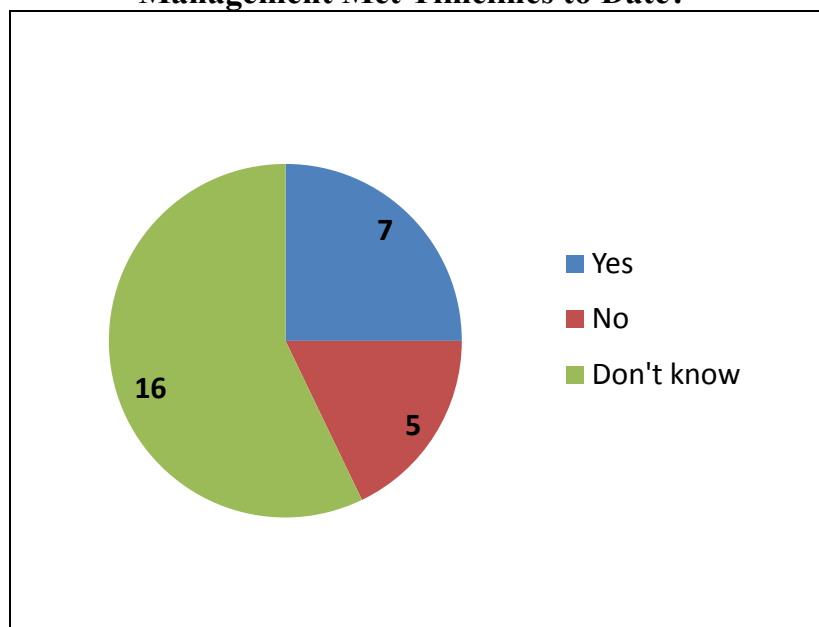
Gain better understanding of differences between DHH offices as well as similarities.
Train the group
I feel that HSRI staff have been very effective in assisting us. Muskie staff could have been more helpful by responding quicker and in writing for review of documents produced by Louisiana, facilitating our efforts to develop a Support Coordination Monitoring Process, taking notes during meetings, phone conferences, assisting in developing workplans, etc.
They might have tried to promote the strategic value of QM to increase productivity, to prevent lawsuits and to generate cost-savings. This would help the leadership see the full return on their investment. But, I think they did a great job.
June Rowe is no longer involved. However, she was a very positive force. I felt as though we were producing the segments of the project that the consultants were supposed to be much more involved in.
June Rowe has not been involved in the project in over a year. She was very valuable to the process. Since leaving the project progress slowed significantly until just recently. At times it felt like we were the consultants. More of the work product should have come from the consultants.
June Rowe was a great asset to the grant, so losing her in the final grant years has had impact. Muskie consultants have worked very hard and do good work.
No suggestions. They are always prepared for the meetings, very well informed on current processes, and do not hesitate to present alternate ideas.
Once June Rowe stopped doing grant activities, we did not receive the needed support from the remaining consultants at the Muskie School to move forward on the Support Coordination monitoring process, until recently when HSRI assigned one of their staff to assist.

Additionally, respondents were asked whether the quality management consultants should be brought in more often, less often, or the same amount. Of 27 respondents on this item, 17 reported that the consultants were being brought in at the correct amount. Nine indicated that they should be brought in more often, and one indicated they should be used less often.

Respondents were also asked to rate their satisfaction with the performance of the quality management data analysis contractor (Mandi Jones). Overall, satisfaction was high. Of 27 respondents, 17 were very satisfied or satisfied with her performance. Two were neutral, and 1 was dissatisfied. Five indicated that they were unable to judge the performance of the quality management data analysis contractor.

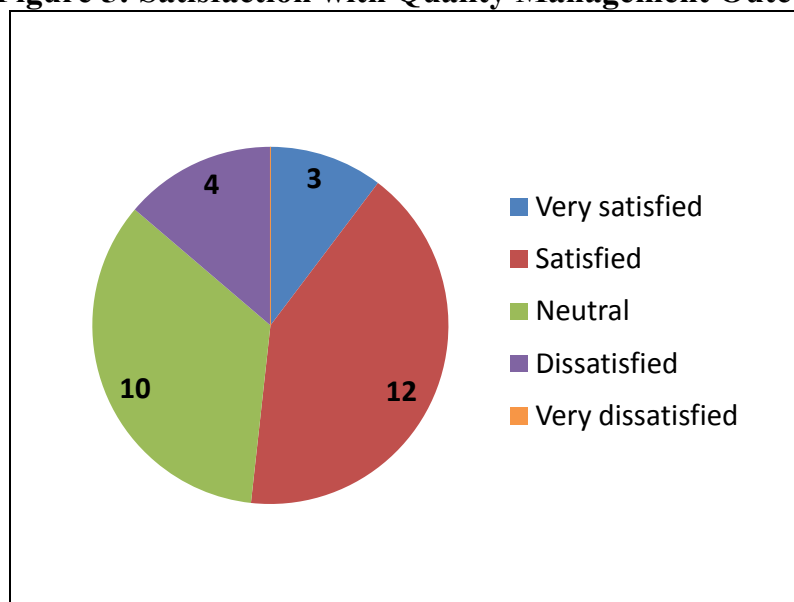
Grant Timelines. Most respondents (16 individuals) did not know whether grant activities related to quality management had met timelines to date (Figure 4). Seven respondents said that timelines were being met, and five said they were not being met. Reasons given for failure to meet timelines included competing agency priorities, lack of a project manager to ensure that timelines were met, and the time taken to pilot the quality management tool.

Figure 4: Have Grant Activities Related to Quality Management Met Timelines to Date?



Satisfaction with Outcomes. Respondents highly rated their satisfaction with the outcomes to date for the quality management workgroups (Figure 5). Of 29 respondents, 15 were very satisfied or satisfied and ten were neutral. This evaluation found four respondents were dissatisfied with the quality management outcomes to date compared to the prior year's result when none reported dissatisfaction.

Figure 5: Satisfaction with Quality Management Outcomes



C. Housing

For each Housing subgroup that an individual reported participating in, the survey requested information on: (1) satisfaction with the number of group meetings, measured on a 5-point likert scale (Strongly Agree-Strongly Disagree); (2) perceptions about viewpoint being heard, being valued as a member, comfort with being a member, satisfaction with progress, and group effectiveness, measured on a 5-point likert scale (Always-Never); and (3) suggestions for improvements, measured in an open-ended question. The sections below detail the feedback for each subgroup. For open-ended items with more than three responses, a table of responses is provided in addition to a summary of responses.

Adult Residential Care (ARC) Group. As seen in Table 8 (pg. 14), four respondents strongly agreed or agreed that they were satisfied with the number of meetings held for this group and one was neutral. Four indicated that always or often their viewpoints were heard, but 1 individual said this occurred rarely. All reported that always or often they were viewed as valued group members and they were comfortable being part of the group. Four reported always or often being satisfied with group progress, one was only sometimes satisfied. Similarly, 4 reported that the group was always or often effective in achieving its goals to date, while 1 said this occurred sometimes. No respondents provided feedback about how to improve the workgroup.

Overall Housing Advisory Group. Nine of 11 respondents strongly agreed or agreed that they were satisfied with the number of group meetings held, while 1 were neutral and 1 disagreed that he was satisfied. All respondents reported that always or often their viewpoints were heard. Eleven reported that always or often they were viewed as valued group members and all always or often were comfortable being part of the group. Most (10 respondents) reported that they always or often were satisfied with group progress, and the group was effective in achieving its goals to date. Three individuals provided suggestions for improvements to the overall housing advisory group, and all three reported that more updates from the group would be useful.

Table 8: Feedback on Housing Subgroups

	Adult Residential Care (ARC) Group	Overall Housing Advisory Group
Satisfied with number of meetings		
Strongly Agree	1	2
Agree	3	7
Neutral	1	1
Disagree	0	1
Strongly Disagree	0	0
Viewpoint is heard		
Always	2	8
Often	2	4
Sometimes	0	0
Rarely	1	0
Viewed as valued member		
Always	2	7
Often	3	4
Sometimes	0	1
Rarely	0	0
Comfortable with the group		
Always	2	9
Often	3	3
Sometimes	0	0
Rarely	0	0
Satisfied with group's progress		
Always	2	4
Often	2	6
Sometimes	1	2
Rarely	0	0
Group effective in achieving goals to date		
Always	2	4
Often	2	6
Sometimes	1	2
Rarely	0	0

Note: The five likert scale items measuring frequency were asked on a five point scale (Always – Never). No individuals chose “Never,” so this category has been omitted from the table. Due to incomplete survey responses, the response tally may not correspond between items or with number of respondents reported in Table 1.

Housing Trainings. Within the last year, the grant has supported two trainings for those interested in housing issues – one on Fair Housing and the other on Single Family Housing. Respondents were asked whether they attended either of these workshops and, if so, they were probed about satisfaction with the workshop and suggestions for improvement.

Three respondents reported having attended the Fair Housing workshop. All three were very satisfied or satisfied with the amount of information and the type of information provided at the workshop. Two respondents attended the training on Single Family Housing. Both reported being very satisfied or satisfied with the amount of information and the type of information provided at the workshop. No respondents provided feedback for how to improve the trainings.

Effectiveness Achieving Objectives. All Housing workgroup participants were asked to evaluate the effectiveness of grant activities to date in achieving the grant's three core housing objectives and barriers to achieving objectives. Overall, most respondents indicated that the grant very high or high effectiveness to date.

- (1) **Housing Objective 1: "Improve the coordination of long-term supports with affordable housing."** Of the 14 respondents to this item, 1 reported very high effectiveness, and 8 indicated high effectiveness to date in achieving this objective (Figure 6). The remaining 4 indicated that activities had moderate effectiveness in achieving the objective. No respondents rated grant effectiveness at achieving Housing Objective 1 as low or non-effective, whereas in the prior year's evaluation 3 individuals (of 38 total respondents) reported low effectiveness on this objective.

Respondents reported numerous barriers to achieving Housing Objective 1 (Table 9). Common themes included funding barriers and need for more providers.

Figure 6: Effectiveness of Grant Activities to Date to Achieve Housing Objective 1

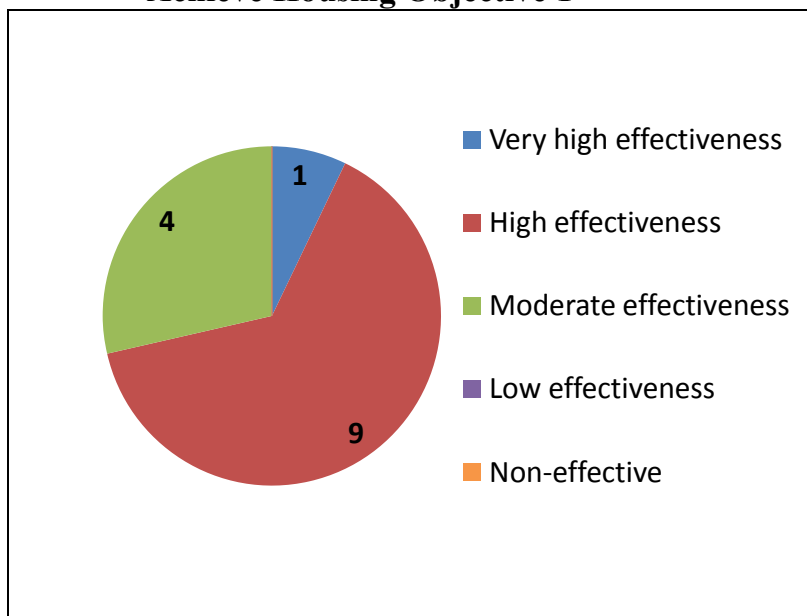
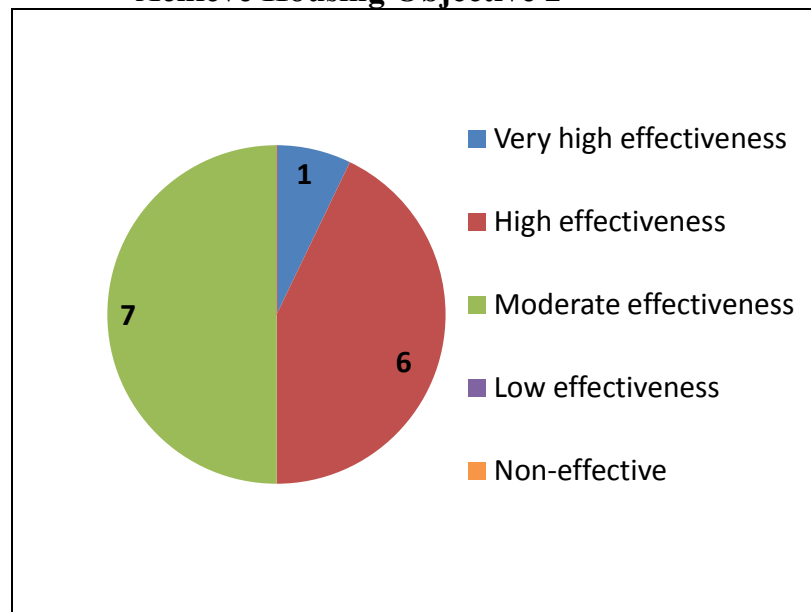


Table 9: Barriers Preventing Achievement of Housing Objective 1

Too many people that are not qualifying
Lack of funding for in-home, long-term supports for people with SMI
Budget cuts, people doing too many jobs to be able to complete all tasks
Only the need to continue to build relationships among key agencies through meetings and trainings.
Maintaining members, budget cuts, proper prioritizing
Consistent staff support due to current economic crisis and cut backs.
Need to increase availability of funds through tax credits or other incentives for modifications to existing structures.
The organization of housing assistance nationwide. It is very hard to deal with dozens of local housing authorities in seeking resources for people with disabilities.
In New Orleans, housing stock, crime, and attitudes
Willingness of housing and support groups to work together.
Available funding for case management
Need more providers support coordination agencies to choose from
Not enough Medicaid available for ARCP since we are presently requesting it only for pilot parishes.

(2) **Housing Objective 2: "Increase the capacity of affordable and accessible housing."** Of the 14 respondents to this item, half reported very high or high effectiveness to date in achieving this objective (Figure 7). The other 7 individuals reported that the grant had moderate effectiveness in achieving this objective. No respondents rated grant effectiveness at achieving Housing Objective 2 as low, compared to the prior year's evaluation in which 2 individuals from 38 total respondents rated grant effectiveness as low.

Figure 7: Effectiveness of Grant Activities to Date to Achieve Housing Objective 2

Many respondents suggested barriers to achievement of Housing Objective 2 (Table 10). The most common themes included funding constraints; lack of housing stock, and issues related to the current economic situation.

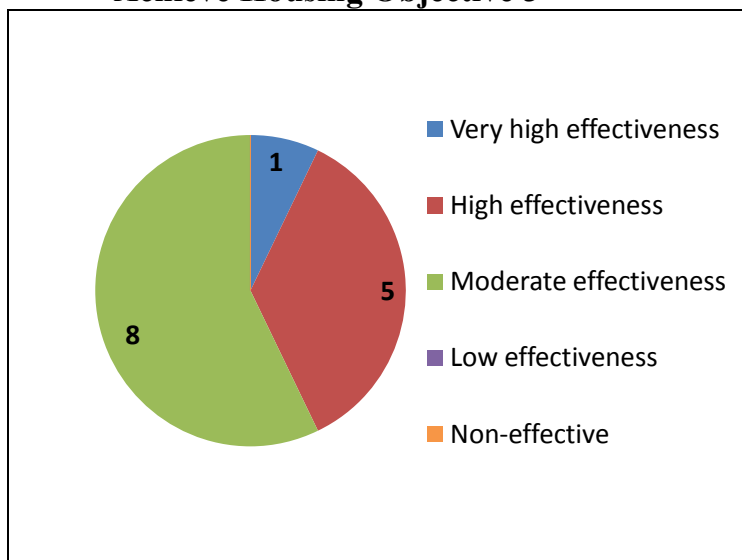
Table 10: Barriers Preventing Achievement of Housing Objective 2

Available housing stock throughout the State.
Need for rental assistance
Not enough financing to make affordable and accessible housing available.
Funding
Money.
Money and willingness
The organization of housing assistance nationwide. It is very hard to deal with dozens of local housing authorities in seeking resources for people with disabilities.
There is limited funding to renovate and/or bring up to ADA-type standards, existing privately owned residences and/or rental units.
Available housing
The present state of the economy is a significant barrier. The large influx of persons from New Orleans to Baton Rouge that resulted from Hurricane Katrina has made affordable housing scarce in the Baton Rouge metro area to the present.
Politics
Lack of incentives for developers to create affordable and accessible housing, especially since these may be less profitable than FMR units

(2) Housing Objective 3: "Increase access to affordable housing with long-term supports."

Of the 14 respondents to this item, 6 reported very high or high effectiveness to date in achieving this objective (Figure 8). There were 8 individuals who reported that the grant had moderate effectiveness to date in achieving this objective. No respondents reported low or non-effectiveness, whereas in the prior year's evaluation 5 individuals (from 36 total respondents) reported low or non-effectiveness on this objective.

Figure 8: Effectiveness of Grant Activities to Date to Achieve Housing Objective 3



Many respondents suggested barriers to achievement of Housing Objective 3 (Table 11). Themes included lack of funding for housing and the lack of affordable housing.

Table 11: Barriers Preventing Achievement of Housing Objective 3

Lack of affordable housing stock in the BR metro area
Splintered funding
Having enough qualified providers.
Limited supports
The organization of housing assistance nationwide. It is very hard to deal with dozens of local housing authorities in seeking resources for people with disabilities.
Incentive-people need to understand the benefits to all
One barrier is HUD's out-of-date housing database.
Lack of available units where needed.
Available funding to leverage with housing funds that will focus on long term supports
Need for rental assistance
Not enough financing to make it available.

Strategies to Achieve Objectives. Respondents were asked whether the grant was pursuing the right strategies to achieve the housing objectives. Of the 14 respondents, all said the grant was pursuing the appropriate strategies. No suggestions were provided as to how the strategies should be modified.

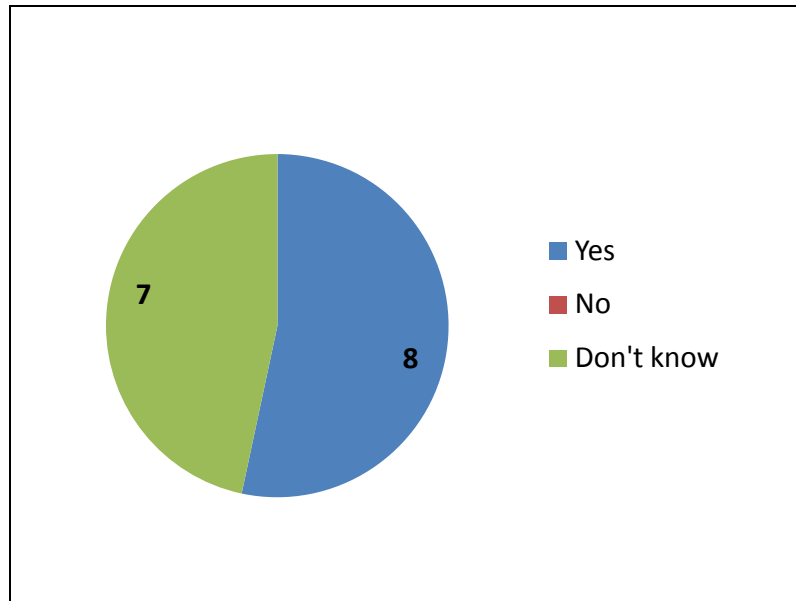
Satisfaction with Contractors. Questions about satisfaction with contractors were targeted to the specific workgroups interacting with each contractor. Respondents in the Adult Residential Care (ARC) Workgroup were asked to rate their satisfaction with the performance of NCB Capital Impact. Four of the respondents were very satisfied or satisfied with NCB Capital Impact, and one respondent was neutral. One respondent offered a suggestion for how the performance of the consultant could be improved, suggesting that NCB could strengthen its resources on the Medicaid waiver.

In addition, respondents in the Adult Residential Care (ARC) Workgroup were asked to rate their satisfaction with the performance of Allison Vuljoin. Four respondents were very satisfied or satisfied, and one indicated that he was unable to judge her performance.

Respondents from the Overall Housing Advisory Group were asked to rate their satisfaction with the performance of Social Serve, the contractor providing the LAHousingSearch website service. Among the 12 respondents, 10 were very satisfied or satisfied with Social Serve, 1 was neutral, and 1 respondent reported being unable to judge the contractor. One respondent had a suggestion for improving the website service, indicating that it would be helpful to improve communications relative to progress and the status of implementation initiatives.

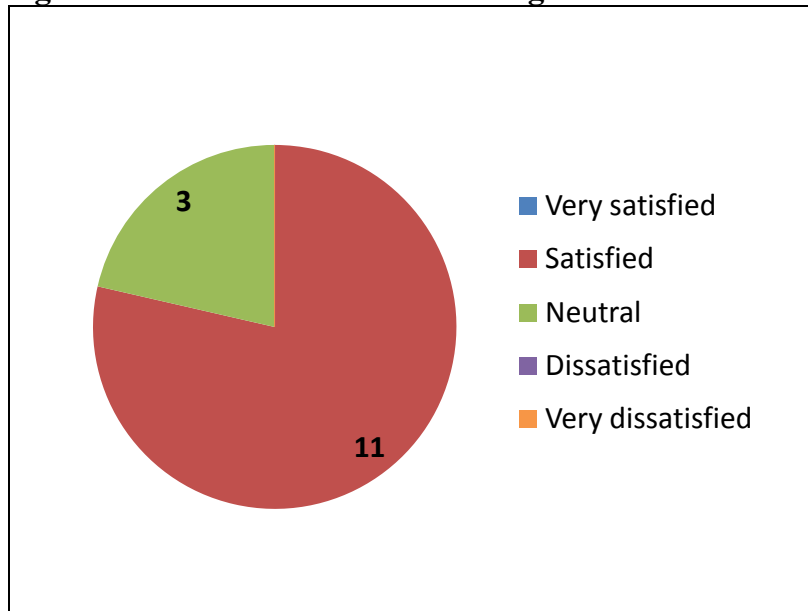
Grant Timelines. About half of the respondents (7 of 15 individuals) did not know whether grant activities related to housing had met timelines to date (Figure 9). The other 8 said that timelines were being met. No respondents provided reasons for the failure to meet timelines.

Figure 9: Have Grant Activities Related to Housing Met Timelines to Date?



Satisfaction with Outcomes. Respondents reported satisfaction with the outcomes to date of the housing workgroups (Figure 10). The prior year's evaluation found nearly one-third of respondents reported they were very satisfied, compared to none reporting they were very satisfied in this year's evaluation. Of 14 respondents, 11 were satisfied and 3 were neutral.

Figure 10: Satisfaction with Housing Outcomes



D. Overall Grant Activities

Likelihood of Achieving Remaining Goals. All respondents were asked to evaluate the likelihood that the grant will achieve its remaining unmet goals by the end of the grant period. Table 12 shows the responses for each of the three grant goal areas. In general, respondents were most optimistic about the ability to achieve the grant's quality management goals. Among 52 respondents, 16 thought it was extremely or very likely that the grant would achieve its unmet housing goals. Similarly, among 52 respondents, just 13 said it was extremely or very likely that the grant would achieve its unmet information technology goals. However, a higher proportion of respondents thought it extremely or very likely that the grant would achieve its quality management goals. Among 53 respondents, 24 thought it was extremely or very likely that the grant would develop a comprehensive quality management program.

Table 12: Likelihood of Achieving Remaining Unmet Goals

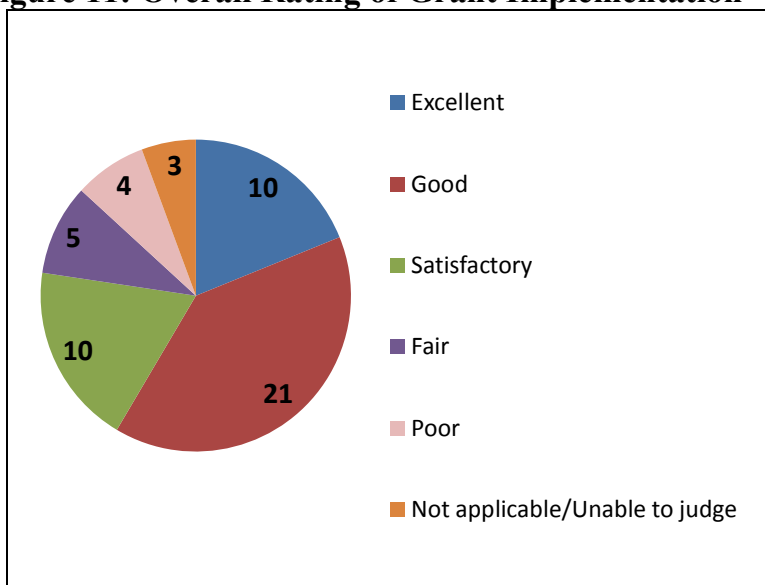
	Enhancement of long-term supports coordinated with affordable and accessible HOUSING	Development of a comprehensive QUALITY MANAGEMENT program	Transformation of INFORMATION TECHNOLOGY (IT) to support long term care systems change
Extremely Likely	5	4	3
Very Likely	11	20	10
Moderately Likely	17	17	15
Slightly Likely	6	2	8
Unlikely	2	4	5
Not Applicable/Unable to Judge	11	6	11
Total	52	53	52

Table 13 presents respondent suggestions as to how to improve the chances for meeting the goals of the grant. Common themes included increased and continued financial support, extending the grant, increased communication with and among stakeholders, and developing and focusing on mutual priorities among partners.

Table 13: Suggestions for Achieving Remaining Unmet Goals

Extending the grant another year
Listen more
LNHA is a very strong lobbying group. This must be a part of the plan. If it is seen as cutting them out or significantly reducing their population, it is going to be very difficult. They play a very important role in LTC and must be included in discussions and plans.
Federal monies.
More meetings
Focus on sustainability. Transfer knowledge and personnel to the Offices with clear directives to finalize roles, responsibilities, procedures, job descriptions, tools, reporting requirements and standing committees. By creating a functioning QM Section in the Offices, the STG work could transition into a operational entity.
Strongly manage the agenda of meetings.
The offices working more closely with like priorities/resources and more help from the consultants
Continued collaboration between stakeholders and committee members
Given one more year.
Commitment from Administration to see it happen.
Easier way to expedite contracts
More time is needed when complete systems are being changed.
There need to be more open communication and open mindedness of the needs.
Collaborative priorities among state agencies
Funding

Overall Rating of Grant Implementation. Overall, most respondents (31 responses) rated the grant implementation to date as excellent or good (Figure 11). There were 10 who indicated the implementation has been satisfactory, 5 who said it has been fair, and 4 who reported the grant has been implemented poorly.

Figure 11: Overall Rating of Grant Implementation

Satisfaction with Performance of Grant Staff. All respondents were asked to evaluate the performance of the three grant staff, and Table 14 presents the responses. Overall, ratings of staff performance were very high, with the vast majority of respondents indicating they were very satisfied or satisfied with grant staff. A few respondents provided suggestions as to how the performance of the grant staff could be improved (Table 15). The most common suggestion was that they could have been given more support.

Table 14: Satisfaction with Performance of Grant Staff

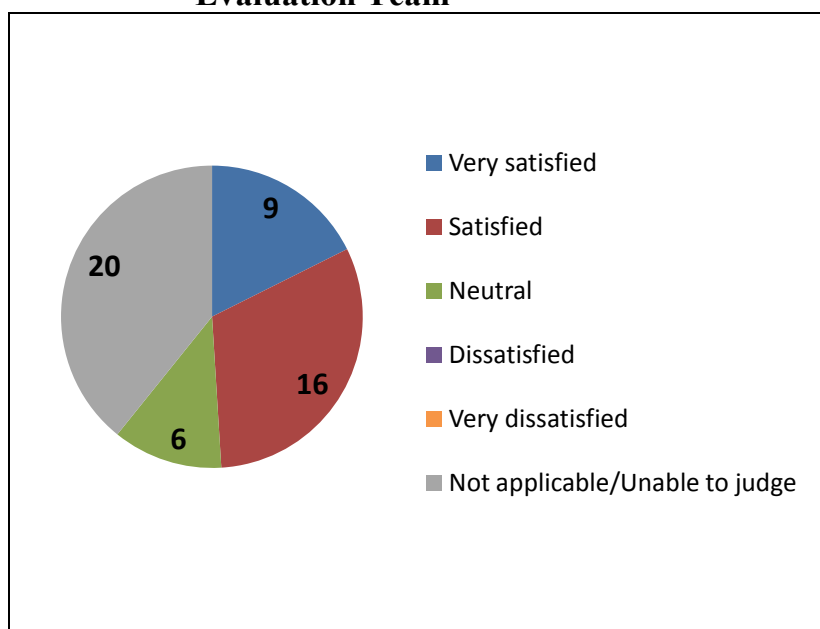
	Robin Wagner	Donna Thompson	Tammy LeBlanc
Very Satisfied	20	23	19
Satisfied	15	16	20
Neutral	6	4	7
Dissatisfied	1	1	0
Very Dissatisfied	2	0	0
Not Applicable/Unable to Judge	8	8	6
Total	52	52	52

Table 15: Suggestions for Improving the Performance of Grant Staff

Add more staff.
Care about people
By empowering the grant staff while expecting more from them, their performance could be improved.
Involvement of both state offices that have a stake in the outcome. (OCDD & OAAS). Grant staff needed more support on contract management, performance review and grant compliance on an ongoing basis.
Grant management should have been spread between the two offices. More pressure put on consultants for performance.
Give them more support and more time.
They can take into consideration of the suggestions given from the participants of the grant.

Satisfaction with Performance of Grant Evaluation Team. All respondents were asked to evaluate the performance of the grant evaluation team. There were 20 who reported that they unable to judge the grant evaluation team. Of the remaining 31 respondents, 25 were very satisfied or satisfied with the evaluation team, and 9 respondents were neutral (Figure 12).

Figure 12: Satisfaction with Performance of Grant Evaluation Team



Respondents were invited to suggest ways that the grant evaluation team could improve its performance. One individual suggested that the grant evaluation team could directly distribute the results of the surveys to respondents. Another respondent suggested that reports should contain information on what is occurring within Louisiana and the population affected by the grant.

Respondents were also asked to provide suggestions for other questions that the grant evaluation team should ask. Table 16 presents these suggestions.

Table 16: Suggestions for Questions that the Evaluation Team Should Be Asking

Where the money went
The grant evaluation team might ask for a self-evaluation by the staff. All evaluations should be shared with the entire stakeholder group.
Do you feel comfortable that you have received the latest information on the activities and the progress of the grant?
How involved individuals are in the grant process.
To what extent is the administration buying into the grant objectives and activities?
They should be asking more questions about what is needed and how the grant can help to promote the changes

Advice to Others Working on Systems Change. Additionally, respondents were given the opportunity to express their advice to others working on systems change. Their responses are located in Table 17. Common themes included good communication, persistence, the engagement of stakeholders from all levels, active participation, and committed leadership.

Table 17: Advice to Others Working on Systems Change

Don't give up.
Don't start from where you are. Re-envision your system as you want it to be and start all over.
Affect changes through legislation (e.g., appropriations) and state Medicaid plan (i.e., make community-based supportive services billable for SMI as they are for DD population)
Does Baton Rouge want change?
It's difficult but worth doing.
All parties (home care to nursing homes) are going to have to be cooperative and work together. Negative comments about nursing homes are only going to drive a wedge between groups that are included in the continuum of LTC.
To gain and/or maintain the support of local legislators and other key government officials.
Communication
More attention might be given to commitment from leadership, an organizational change plan, job redesign and information management/reporting. Requiring a document from employees on a regular basis as a part of their job performance would help drive systems change. For example, the personnel responsible for quality management at the regional level must produce a quantitative status report and a narrative list of issues and accomplishments. These regional reports are summarized at the state level into a quantitative status report and a narrative list of issues and recommendations. Each work group must document its recommendations. Each review group must aggregate data that it reviewed into a spreadsheet, and a brief. Leadership must give a written decision on each recommendation and direct the implementation of those recommendations that are approved.
Treat the process as group therapy where conflict does exist and must be firmly addressed. Empower all offices. Agencies are entities that have a stake in the outcome.
More cooperation across entities thus less fragmentation
Ensure that family members of constituents are included in planning.
Let's work together and smarter, not harder.
Concentrate on the goal. Change can be slow, but making sure the entire system will be effective is worth the effort and time spent.
Be certain that enough staff are dedicated towards achieving the grant objectives.
Persistence
Adjust to necessary changes, but don't allow them to be ongoing distractions to accomplishing the goals of the grant.
Work both from the top level and the grassroots level. Value each perspective. Be sure to include consumers of services, and their family members and caregivers.
Listen to what is being said and try to promote more involvement from participants working on the grant.
Strive to obtain more financing to enable contractors to develop more opportunities.

III. Limitations and Conclusions

Because the response rate to this survey was relatively low, particularly among the membership of the Housing Workgroups, caution should be taken when trying to draw conclusions from the data collected. A limited portion of grant participants provided feedback. Furthermore, these data come from a cross-sectional survey of grant stakeholders, meaning that the individuals who responded to the current survey may not have been the same individuals who responded to the previous year's survey—a limitation that should be considered when interpreting differences in response patterns over the two evaluation years.

Nevertheless, some common themes emerged within the data.

- In general, respondents continued to report positive feelings about the functioning of the quality management and housing workgroups. Housing respondents and quality management respondents generally tended to rate grant activities as having very high, high, or moderate effectiveness achieving the objectives of the grant. However, compared to data from last year's evaluation, the current year's data shows an increase in respondents reporting low effectiveness or non-effectiveness on certain grant activities (Quality Objectives 1 and 3), an increase in those reporting dissatisfaction with outcomes related to quality management (Overall Satisfaction with Quality Outcomes), and a decrease in those reporting they were very satisfied with outcomes related to housing (Overall Satisfaction with Housing Outcomes). Yet, compared to last year, respondents tended to report higher effectiveness of grant activities related to housing (Housing Objectives 1, 2, and 3).
- Similar to responses in the other formative evaluations, a large proportion of respondents remain unaware of grant timelines.
- Satisfaction with contractors, grant staff, and the evaluation team remained high among respondents.
- Respondents were most optimistic about the grant's ability to meet remaining goals related to quality management, but were less optimistic about achievement of housing and IT goals.
- A common barrier to the achievement of goals across the target areas was the perception that differing priorities among stakeholders and state agencies was hindering progress.

Appendix 1

Implementation Process Evaluation

This survey is being conducted as part of the evaluation of the Real Choice Systems Transformation Grant that Louisiana received from the Centers for Medicare and Medicaid Services. The purpose of this survey is to assess the implementation process itself, and the information gathered will be used to determine whether and how the implementation process could be improved. This survey will be repeated several times over the years of the implementation of the grant.

Your responses will be kept confidential and individual comments that are cited in any reports will be kept anonymous.

1) In what workgroup(s) do you participate? (Please check all that apply.)

- ☐ Workgroup(s) related to the QUALITY MANAGEMENT Goal of the Systems Transformation Grant
- ☐ Workgroup(s) related to the HOUSING Goal of the Systems Transformation Grant
- ☐ CONSUMER INCLUSION Workgroup (Strategic Planning Phase)
- ☐ Other (please specify)

If you selected other, please specify

2) We are interested in your experiences with the workgroups in which you have participated. So that we ask you the appropriate questions, please indicate which of the following QM subgroups you have participated in. (Choose All That Apply)

- ☐ QM Leadership Workgroup
- ☐ DHH QM Interagency Team
- ☐ OAAS QM Steering Group
- ☐ Health Indicators Workgroup
- ☐ Waitlist Indicators Workgroup
- ☐ Support Coordination Monitoring Workgroup
- ☐ Licensing Workgroup
- ☐ Other (please specify)

If you selected other, please specify

**3) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the QM Leadership workgroup are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4) Please indicate your perceptions about your work with the QM Leadership Workgroup.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Is there any way that QM Leadership Workgroup processes might be improved?

**6) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the DHH QM Interagency Team are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

7) Please indicate your perceptions about your work with the DHH QM Interagency Team.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) Is there any way that DHH QM Interagency Team processes might be improved?

**9) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the OAAS QM Steering Group are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

10) Please indicate your perceptions about your work with the OAAS QM Steering Group.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11) Is there any way that OAAS QM Steering Group processes might be improved?

**12) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the Health Indicators Workgroup are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

13) Please indicate your perceptions about your work with the Health Indicators Workgroup.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14) Is there any way that Health Indicators Workgroup processes might be improved?

**15) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the Waitlist Indicators Workgroup are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

16) Please indicate your perceptions about your work with the Waitlist Indicators Workgroup.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17) Is there any way that Waitlist Indicators Workgroup processes might be improved?

**18) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the Support Coordination Monitoring Workgroup are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

19) Please indicate your perceptions about your work with the Support Coordination Monitoring Workgroup.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20) Is there any way that Support Coordination Monitoring Workgroup processes might be improved?

**21) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the Licensing Workgroup are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree

- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

22) Please indicate your perceptions about your work with the Licensing Workgroup.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23) Is there any way that Licensing Workgroup processes might be improved?

24) Please rate the effectiveness to date of grant activities to achieve the following objectives:

	Very high effectiveness	High effectiveness	Moderate effectiveness	Low effectiveness	Non-effective
"Develop and implement a comprehensive quality management strategy, consistent with the state's transformation of its long-term support system."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Develop and routinely disseminate quality management reports to key entities and other stakeholders, including but not limited to state and local agencies, participants, families, and other interested parties, and the public."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Use integrated systems to monitor the quality of services rendered."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25) Is the grant pursuing the right strategies to achieve the QM objectives?

- ☐ Yes
- ☐ No

26) How should the strategies be changed?

27) What do you see as the major barriers or impediments to achieving the following grant objective: "Develop and implement a comprehensive quality management strategy, consistent with the state's transformation of its long-term support system."

28) What do you see as the major barriers or impediments to achieving the following grant objective: "Develop and routinely disseminate quality management reports to key entities and other stakeholders, including but not limited to state and local agencies, participants, families, and other interested parties, and the public."

29) What do you see as the major barriers or impediments to achieving the following grant objective: "Use integrated systems to monitor the quality of services rendered."

30) To what extent are you satisfied with the performance of the QM Consultants (June Rowe and Val Bradley of Human Services Research Institute [HSRI] and Julie Fralich and Maureen Booth of Muskie School, University of Southern Maine) in helping the QM Workgroups achieve their objectives?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not Applicable/Unable to Judge

31) How could the performance of the QM Consultants (June Rowe and Val Bradley of Human Services Research Institute [HSRI] and Julie Fralich and Maureen Booth of Muskie School, University of Southern Maine) be improved?

32) Should the QM Consultants be brought in more often, less often, or are they used the right amount?

- ☐ Use them More Often
- ☐ Use them Less Often
- ☐ No Change -- We're using them the right amount

33) To what extent are you satisfied with the performance of the QM data analysis contractor, Mandi Jones, in helping the QM Workgroups achieve their objectives?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied
- ☐ Not Applicable/Unable to Judge

34) To your knowledge, have the grant activities related to QM met timelines to date?

- ☐ Yes
- ☐ No
- ☐ Don't Know

35) Why have timelines not been met?

36) To what extent are you satisfied with the outcomes of the QM Workgroups thus far?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

37) We are interested in your experiences with the workgroups in which you have participated. So that we ask you the appropriate questions, please indicate which of the following Housing workgroups you have participated in. (Choose All That Apply)

- ☐ Adult Residential Care (ARC) Group
- ☐ Overall Housing Advisory Group (originally known as DHH Housing Task Force)
- ☐ Housing Training session

38) Please indicate the extent to which you agree with the following statement. A sufficient number of meetings of the Adult Residential Care (ARC) workgroup are being held to implement the activities listed in the strategic plan.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

39) Please indicate your perceptions about your work with the Adult Residential Care (ARC) Workgroup.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40) To what extent are you satisfied with the performance of the NCB Capital Impact (the Adult Residential Care consultant) in helping the Housing Workgroups achieve their objectives?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not Applicable/Unable to Judge

41) How could the performance of NCB Capital Impact be improved?

42) To what extent are you satisfied with the performance of Allison Vuljoin in helping the Adult Residential Care Workgroup achieve its objectives?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not applicable/Unable to judge

43) How could Allison Vuljoin's performance related to achieving the objectives of the Adult Residential Care Workgroup be improved?

44) Is there any way that Adult Residential Care (ARC) Workgroup processes might be improved?

**45) Please indicate the extent to which you agree with the following statement.
A sufficient number of meetings of the Overall Housing Advisory Group (originally known as DHH Housing Task Force) are being held to implement the activities listed in the strategic plan.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral

- ☐ Disagree
- ☐ Strongly Disagree

46) Please indicate your perceptions about your work with the Overall Housing Advisory Group.

	Always	Often	Sometimes	Rarely	Never
My viewpoint is heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a valued member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the group's progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group has been effective in achieving its goals to date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47) <!-- /* Font Definitions */ @font-face {font-family:"Cambria Math"; panose-1:2 4 5 3 5 4 6 3 2 4; mso-font-charset:0; mso-generic-font-family:roman; mso-font-pitch:variable; mso-font-signature:-1610611985 1107304683 0 0 159 0;} @font-face {font-family:Tahoma; panose-1:2 11 6 4 3 5 4 4 2 4; mso-font-charset:0; mso-generic-font-family:swiss; mso-font-pitch:variable; mso-font-signature:-520082689 -1073717157 41 0 66047 0;} /* Style Definitions */ p.MsoNormal, li.MsoNormal, div.MsoNormal {mso-style-unhide:no; mso-style-qformat:yes; mso-style-parent:""; margin:0in; margin-bottom:.0001pt; mso-pagination:widow-orphan; font-size:12.0pt; font-family:"Times New Roman","serif"; mso-fareast-font-family:"Times New Roman";} .MsoChpDefault {mso-style-type:export-only; mso-default-props:yes; font-size:10.0pt; mso-ansi-font-size:10.0pt; mso-bidi-font-size:10.0pt;} @page Section1 {size:8.5in 11.0in; margin:1.0in 1.0in 1.0in 1.0in; mso-header-margin:.5in; mso-footer-margin:.5in; mso-paper-source:0;} div.Section1 {page:Section1;} --> To what extent are you satisfied with the performance of Social Serve (the contractor providing LAHousingSearch.org) in helping the Housing Workgroups achieve their objectives?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not applicable/Unable to judge

48) How could the performance of Social Serve be improved?

49) Is there any way that Overall Housing Advisory Group processes might be improved?

50) Did you attend the recent training on Fair Housing?

- ☐ Yes
- ☐ No
- ☐ Don't Know

51) To what extent were you satisfied with the amount of information provided at the Fair Housing training?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

52) To what extent were you satisfied with the type of information provided at the Fair Housing training?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

53) How might future trainings on Fair Housing be improved?

54) Did you attend the recent training on Single Family Housing?

- ☐ Yes
- ☐ No

55) To what extent were you satisfied with the amount of information provided at the Single Family Housing training?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

56) To what extent were you satisfied with the type of information provided at the Single Family Housing training?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

57) How might future trainings on Single Family Housing be improved?

58) Please rate the effectiveness to date of grant activities to achieve the following Housing objectives.

	Very High Effectiveness	High Effectiveness	Moderate Effectiveness	Low Effectiveness	Non-Effective
"Improve the coordination of long-term supports with affordable housing."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Increase the capacity of affordable and accessible housing."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Increase access to affordable housing with long-term supports."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59) Is the grant pursuing the right strategies to achieve the Housing objectives?

- ☐ Yes
☐ No

60) How should the strategies be changed?

61) What do you see as the major barriers or impediments to achieving the following grant objective: "Improve the coordination of long-term supports with affordable housing."

62) What do you see as the major barriers or impediments to achieving the following grant objective: "Increase the capacity of affordable and accessible housing."

63) What do you see as the major barriers or impediments to achieving the following grant objective: "Increase access to affordable housing with long-term supports."

64) To your knowledge, have the grant activities related to Housing met timelines to date?

- ☐ Yes
- ☐ No
- ☐ Don't Know

65) Why have timelines not been met?

66) To what extent are you satisfied with the outcomes of the Housing Workgroups thus far?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

67)

The goals of the grant are to transform the long-term care system in Louisiana by (1) enhancement of long-term supports coordinated with affordable and accessible housing, (2) development of a comprehensive quality management program, and (3) transformation of information technology (IT) to support long term care systems change.

How likely is it that the Louisiana Real Choice Systems Transformation Grant will achieve its remaining unmet goals by the end of the grant period?

	Extremely Likely	Very Likely	Moderately Likely	Slightly Likely	Unlikely	Not applicable/Unable to judge
Enhancement of long-term supports coordinated with affordable and accessible HOUSING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development of a comprehensive QUALITY MANAGEMENT program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transformation of INFORMATION TECHNOLOGY (IT) to support long term care systems change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68) Please comment on what could be done to improve the chances for meeting the goals of the grant.

69) Please indicate your overall rating for the Grant Implementation thus far.

- ☐ Excellent

- ☐ Good
- ☐ Satisfactory
- ☐ Fair
- ☐ Poor
- ☐ Not applicable/Unable to judge

70) To what extent are you satisfied with the performance of the grant staff?

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not applicable/Unable to judge
Robin Wagner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donna Thompson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tammy LeBlanc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71) How could the grant staff performance be improved?

72) To what extent are you satisfied with the performance of the grant evaluation team (Tulane University, Dr. Julia Hughes, Dr. Mark Diana, Bridget Lavin, and colleagues)?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not applicable/Unable to judge

73) How could the performance of the grant evaluation team be improved?

74) What is your advice to others involved with systems change moving forward?

75) Is there anything that the grant evaluation team should be asking about that they have not asked?
